

## Record Review for TB Disease

Date:	County:	<u> </u>		
Client Initials	DOB:	Computer #:	State Case #:	

				Case #:
Criteria	Met	Not Met	N/A	Comments
Reporting and Notification				
Notification date documented				
Initial Report (form 3140 or 3141) and/or discharge summary from hospital				
Monthly Follow up Reports from PMD (form 3142) if co-managed				
Interjurisdictional TB Notification (NTCA 5-2015)				
TB Classification within 90 days				
Initial RVCT form completed within 7 days (Send to District TB)				
Follow Up RVCT form completed and sent to District TB within 2 months of RVCT (Follow Up Report – 1)				
Follow Up RVCT form completed and sent to District TB (Follow Up Report – 2)				
Legal				
Discount Eligibility Form on file				
Signed Consent (form 3609)				
Signed Treatment Plan (form 3144)				
Signed DOT agreement for TB Treatment (form603 DOT)				
Signed DOT Provider Agreement (form 604 DOT)			1 1	
Signed VDOT Agreement for TB treatment (Form 603.VDOT.TB)				
Signed Release of Information				
Documentation of Patient receiving Medication Information Sheet (DPH04/328HW)				
Signed Consent for Non-Childproof Containers or Medication Containers				
Case Management				
TB Services (form 3121) Documented date sent to Pharmacy			ΙΙΙ	
Read note for the record to ensure following M.D. orders				
Physical Assessment in chart (hospital, physician or HD)				
Initial chest x-ray report in chart & EMR				
Follow up Chest x-ray reports in chart & EMR				
HIV status or testing using opt out and post test counseling documented				
Baseline labs: Liver Function Test, CBC with platelet count, serum creatinine,				
HgbA1C, Hepatitis C for all adults, B profile, if indicated and a pregnancy test.				
Other labs ordered per history and protocol				
Baseline visual acuity testing and red/green color discrimination for clients on Ethambutol.				
Appropriate client education documented: Utilizing Client Education/Counseling Guidelines in P&P				
3 Consecutive diagnostic sputum specimens collected				
3 Consecutive negative sputum smears date documented			† †	
Monthly sputum specimen obtained, unable to obtain or induction documented				
2 months sputum status documented				
Initial TB Drug Susceptibility				
Medication order correct in EMR				
Started on appropriate medications with at least 4 Drugs			† †	
Medication start date documented in chart and EMR			1	
Appropriate number of doses within time frame			† †	
DOT form complete and current (form 3130)			1	
Appropriate action documented for side effects, adverse reactions and other identified problems				
Monthly labs: Liver Function Test & CBC with platelets, serum creatinine if clinical indicated in chart & EMR				
			+ +	
Allergies addressed in chart & EMR			+ +	
Problem list utilized in chart			1	
Chart order correct				

Monthly visual acuity and red/green color discrimination, if on Ethambutol – documentation in chart & EMR				
Adherence assessed and documented with appropriate action documented for				
non-compliance	+			
Documented referrals and follow up as indicated	++			
Medication stop date documented in chart & EMR	+-+			
Medical Case Review form in chart	++			
Mail or eFax Records to TB State Office and District TB Program	+-+			
Progress note in EMR on admission and discharge	+			
Progress note in EMR for any problems noted on Flow Sheet	<del>                                     </del>			
LPN's – Must have RN co-sign Flow Sheet	<del>                                     </del>			
Document Labs forwarded to TB Coordinator/Primary Care Provider	$\perp$			
Document labs discussed with client	$\bot$			
Contact Investigation				
Initial Interview date within 1-3 working days of notification	<u> </u>			
Home visit date within 3 days of initial interview date				
Initial TST/IGRA date and results for contacts documented in sends and EMR				
Chest X-ray for + reactors , medical risk contacts and children ≤ 15 years old				
High priority & medium priority contacts evaluated with TST/IGRA and chest x-				
ray (as indicated) within 5 - 10 working days of initial contact and evaluation				
Low priority contacts evaluated with TST/IGRA within 30 calendar days				
Follow up negative TST/IGRA contacts with 2 <sup>nd</sup> TST/IGRA in 8-10 weeks				
Contact Investigation Sheet complete (form 3126)				
Contact Investigation Sheet sent to District TB within 7 days of evaluation				
Updates to Contact Investigation Sheet completed and sent to District TB within 30 days				
ADDITIONAL COMMENTS				
ADDITIONAL COMMENTS				
n ' n /mid				
Reviewer Name/Title:				

GA DPH TB Unit Revised: 09/03/20